



LOS ANGELES COUNTY COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES February 18, 2016

Draft

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Grissel Granados, MSW, <i>Co-Chair</i>	Kimler Cruz-Gutierrez	Jason Brown	Cheryl Barrit, MPIA
Raquel Cataldo	Derek Dangerfield	Joseph Green	Jane Nachazel
Kevin Donnelly	Suzette Flynn	Lee Kochems	Doris Reed
Terry Goddard, MA	Wendy Garland, MPH	Charles Maddox	
Bradley Land	David Giugni, LCSW	Katja Nelson	
Octavio Vallejo	John Palomo		DHSP STAFF
	Maria Roman		None

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Agenda, 2/18/2016
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 1/21/2016
- 3) **Memorandum:** HIV Care and Prevention Standards, 12/7/2015

1. **CALL TO ORDER:** Ms. Granados called the meeting to order at 10:00 am.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order, as presented (**Postponed**).
3. **APPROVAL OF MEETING MINUTES:**
Motion 2: Approve the 1/21/2016 Standards and Best Practices (SBP) Committee meeting minutes, as presented (**Postponed**).
4. **PUBLIC COMMENT, (Non-Agendized or Follow-Up):** There were no comments.
5. **COMMITTEE COMMENT, (Non-Agendized or Follow-Up):** There were no comments.
6. **CO-CHAIRS' REPORT:**
 - A. **Co-Chair Nominations/Elections:**
 - Ms. Granados noted Co-Chair nominations remained open for the second seat. Committee composition was also changing so nominations could be held until new members are seated. Mr. Goddard suggested adding a physician,
 - Mr. Donnelly was elected to one of the three Executive Committee At-Large seats. At-Large members serve on both the Executive and Operations Committees so this would be Mr. Donnelly's last SBP meeting.
 - ➡ Ms. Barrit will talk with Dr. LaShonda Spencer to see if she was interested in joining SBP.**MOTION #3:** Approve the Standards and Best Practices (SBP) Committee Co-Chair, as nominated (**Postponed**).
 - B. **Propose Change of Meeting Date/Time:**
 - Ms. Granados noted this third Thursday of the month was difficult for her. Several others noted conflicts on the third and fourth Thursdays, but not the first. Mr. Goddard noted it was previously on that day.
 - ➡ Move meeting to first Thursday of the month at the same time, 10:00 am to 12:00 noon, starting 3/3/2016.

7. STANDARDS OF CARE:

- Mr. Goddard noted service effectiveness has come up at multiple meetings. SBP already has a significant amount of work planned for the next two years, but could identify an approach to determining how impactful Commission work is and how it helps DHSP achieve its goal to reduce community HIV Viral Load (VL) and create an AIDS-free generation.
- Ms. Nachazel noted SBP had discussed coordinating with DHSP on the Outcomes Project to inform effectiveness.
- Mr. Vallejo felt program managers should be more pro-active in offering provider guidance to improve performance.
- Several noted concerns with appropriate, effective allocation and monitoring of funds in light of system changes that resulted in Year 25 underspending. Mr. Goddard felt it would be beneficial to evaluate the larger systemwide impact of services, e.g., housing universally improves health outcomes so he felt it warranted greater emphasis.
- Mr. Land noted a continuing structural challenge in obtaining feedback on how programs operate. The Planning, Priorities and Allocation (PP&A) Committee tries to assess programs via reports, but they generally do not address concerns like that of Mr. Vallejo on program manager provider assistance. The Commission is prohibited from engaging in procurement, but might be able to review unidentified provider feedback to inform SOC improvements and allocations to support them.
- The Health Resources and Services Administration (HRSA) defines what services can be funded. It might not support some services that the Commission identifies to close gaps, but Net County Cost funds (NCC) might be able to do so.
- Ms. Nachazel reported the prior Standards of Care (SOC) Committee launched a service effectiveness process several years ago. Oral Health was chosen for the first survey because it was readily quantifiable. The survey was distributed to every Ryan White Oral Health provider. There were few responses so results were not statistically viable. It was hoped results would be better for Ambulatory Outpatient Medical because there were many more providers, but the Medical Advisory Committee rejected participation as too burdensome despite exceptional work by Dr. Fariba Younai.
- Ms. Granados reported agencies funded for Transitional Youth Case Management met with DHSP a few weeks ago in two structured meetings. Youth receiving the service participated in a fishbowl panel on barriers to care and adherence. Agency staff then met without consumers present. She suggested something similar for Medical Care Coordination (MCC).
- Mr. Land suggested perhaps the Commission could request reports on such meetings to better inform PP&A and SBP.
- Mr. Goddard said the previously noted surveys used a balanced score card methodology which weights some categories of questions more than others and calculates a final score. Categories include financial modeling, whether funds were spent down and whether outputs and outcomes were met. It is work for the providers and they will not participate, particularly with initiation of the Affordable Care Act (ACA), unless providers feel that the information will help them be successful.
- Mr. Vallejo said a New York City program provides an option for institutions to participate in an online dashboard of VL suppression rates. That kind of transparency and public monitoring is essential to reduce community VL.
- Mr. Goddard added that is part of social impact investing, i.e., an agency is paid for doing a good job and information is transparent. As a provider, he supports that model which promotes good providers, but funders must choose to support it.
- Mr. Kochems said providers want real data rather than feedback because the latter is not as accurate and they cannot be accountable in the same way. It is important to respect their concerns. A comparative, broader analysis, e.g., of VL suppression rates, makes a different kind of sense and is more negotiable than a long survey or informal feedback.
- Mr. Land suggested posing the issue to Ms. Garland next month. Ms. Nachazel noted the Outcomes Project specifically targets indicators and outcomes raised in this discussion, e.g., VL suppression rates, and provider Technical Assistance (TA) to help reach goals as noted by Mr. Vallejo. SBP was interested in an Outcomes Project partnership for that reason.
- Ms. Barrit said the role of HRSA and Centers for Disease Control and Prevention (CDC) Planning Councils is to work collaboratively to reduce the HIV burden. The road can become blurry at times and it is necessary to return to that original intent. She suggested thinking about the issue in those terms and considering what data is meaningful. As a data person, she noted more data is not always helpful. Be strategic about where the Commission is and how it obtains data.
- Ms. Granados agreed it was important to weigh the SBP work load. SBP has considered monitoring service effectiveness by incorporating service evaluation into SOCs. Developing a full strategy to evaluate service effectiveness overall would require more work and people dedicated to that activity. SBP did decide to coordinate with the Outcomes Project, but the tentative timeline to complete all services was a couple of years so other options may be appropriate in the interim.
- Mr. Land noted the Ryan White Program (RWP) Program Year (PY) 25 ends 2/29/2016. Ms. Barrit will be finalizing the Commission's PY 26 budget so it is important for Committees to identify staff and consultant needs now.
- Ms. Cataldo asked about third party DHSP program evaluation. Mr. Land said the Assessment of the Administrative Mechanism (AAM) required by HRSA and overseen by the Operations Committee performs that function. The AAM had not been done recently, but will be done this year. It evaluates the timely and accurate implementation of services as allocated.

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- The procurement process is a recurring AAM concern due to County bureaucracy. Mario Pérez, MPH, Director, DHSP, is aware of the issue and has requested Commission assistance. The Commission Co-Chairs and Ms. Barrit will be meeting with DHSP in the next few weeks on the topic. Mr. Pérez was also interested in the prevention conversation.
- Mr. Vallejo advocated for broader Commission involvement in all topics to support best practices. Mr. Land said individual Committees need to focus on accomplishing their work. They report out to the full Commission to support coordination.
- Ms. Nachazel noted the Commission has launched major system changes, e.g., MCC re-envisioned case management and has already resulted in significantly reduced VL rates and increased adherence despite being quite new.
- Mr. Goddard suggested strategic planning which might well include restructuring the Commission to better achieve goals.
- Mr. Kochems said traditionally the work of each Committee cross-fertilized the work of others to achieve major accomplishments. Integration of the Commission and Prevention Planning Committee launched a period of internal focus and the extended absence of an Executive Director exacerbated Committees' need to focus on their own discreet work. He urged returning to setting broad planning goals with collaboration among Committees and partners to achieve them.
- Mr. Land said he and Mr. Rosales do not plan to change the Commission structure until it has returned to functioning at full operating capacity. The Executive Director will need time to hire and train new staff.
- Mr. Goddard proposed viewing the current structure differently. The Commission can function as a think tank to identify what the community needs and the Commission can develop. The Public Policy Committee can act as an incubator for collective impact by spawning and anchoring community groups in the Commission structure.
- Mr. Kochems said setting a shared Commission vision changes how members communicate from advocacy for individual areas such as housing or prevention to everyone discussing how they can contribute to the shared vision. That sets a different format for how the Commission works with DHSP, HRSA, the CDC and legislation.
- Ms. Reed announced that the care Standards of Care (SOCs) had been uploaded onto the Commission's website. All were finalized except for the Substance Abuse SOCs which will require major revisions.
- Ms. Barrit reported she was doing a grounded Commission assessment with presentation of her initial plan at the next Executive Committee meeting. She will continue to revise it. Rose bushes need to be pruned to bloom well. Her initial observation of the Commission was that we have forgotten to prune so that the core purpose of the Commission has been lost. The purpose for her personal assessment is to learn how the Commission can return to its core purpose.

A. Prevention:

- Ms. Granados said SBP has begun discussion of a prevention continuum. Others are also working on the topic, e.g., the Comprehensive HIV Plan Task Force, so SBP work can be informed by others' efforts.
- Mr. Donnelly said Dr. Anthony Fauci presented at the National Prevention Conference on separate prevention and care continuums. SBP is developing an integrated approach, but Dr. Fauci's presentation could be a useful starting point, if available. Ms. Granados agreed it could be helpful, but noted it had a strong PrEP focus rather than SBP's broader lens.
- Mr. Vallejo reported Garry Bowie, Executive Director, Being Alive, developed a continuum which includes prevention. Some services overlap since PrEP clients need regular medical visits.
- Ms. Barrit recommended reviewing CDC Prevention Guidelines. The Appendix includes a cross-work with some of the HRSA care standards and Social Determinants of Health (SDH).
- Ms. Granados noted SBP used the CDC Guidelines to inform the HIV Care and Prevention Standards memorandum in the packet. It reflects how current care standards overlap with prevention topics, identifies seven potential prevention standards, which care standards pertain to each (page 9) and a schedule (page 14). Gaps analysis may be the next step.
- Mr. Goddard reported SBP has agreed on a comprehensive assessment on integrating care and prevention standards. SBP reviewed CDC global national guidelines and tailored them to the local jurisdiction. SBP also reviewed the last PPC strategic planning document. Care as prevention served as an important lens.
- Gaps analysis is difficult and would benefit by DHSP input. He suggested creating a work group and recruiting additional prevention Commission members for their expertise and buy-in. It is important to build a strong foundation for the work because standards work moves quickly once begun and should not be interrupted.
- Ms. Nachazel noted consultants played the same role in development of SOCs as has been discussed for the Special Population Guidelines. The previous writer consultant, Phil Meyer, conducted an extensive literature search, reviewed Commission materials and received input from the SOC Work Group. Based on all the materials, he drafted the initial SOC which was distributed to the Expert Review Panel for review prior to their meeting.
- Mr. Goddard added the consultant is particularly helpful if the Work Group lacks consensus. Otherwise, the consultant is mainly helpful in moving work forward. Potential Work Group members should be aware they will form the core leadership team in developing the prevention standards. That will require a significant time commitment.

- Mr. Vallejo noted everyone has different levels of prevention expertise. The integration of prevention and care is a major undertaking so he urged a DHSP presentation on HIV prevention programmatic areas, STDs and deliverables.
- Mr. Goddard noted SBP had requested a DHSP presentation on their quality assessment system to inform standards evaluation, but SBP was unlikely to have time for that so DHSP might present on prevention instead.
- ➡ Mr. Vallejo will ask Mr. Bowie for permission to provide SBP with the Being Alive continuum of prevention. He will also attempt to locate Dr. Fauci's presentation and New York's continuum, currently being reviewed.
- ➡ Initiate Prevention Standards Work Group to identify a development plan. Mr. Vallejo will participate on the Work Group and Ms. Granados will invite the following people to participate by email: Oscar Marquez, AIDS Project Los Angeles (APLA); Miguel Martinez, Ricky Rosales and Terry Smith, Commission members; and Paulina Zamudio, DHSP. Ms. Nelson will also invite Craig Pulsipher, APLA.
- ➡ The Prevention Standards Work Group will email specific questions and tasks for the consultant to Ms. Barrit. She will coordinate information to ensure clear expectations are reflected in the consultant's contract.
- ➡ Ms. Barrit will request a DHSP presentation to SBP on the full spectrum of the prevention portfolio including what DHSP was doing in the context of CDC recommendations.

8. HIV SPECIAL POPULATIONS GUIDELINES:

- Ms. Granados said SBP has supported strengthening Guidelines and various ways to promulgate them, e.g., Dr. Younai has advocated incorporating them into SOCs to inform services for particular populations.
- Mr. Goddard added Guidelines were also envisioned to inform ACA providers to help them successfully serve these populations. Guidelines should meet those providers needs.

A. Expert Review Panels (ERP):

(1) Invitation List:

- The invitation letter and list for the first ERP, on youth, were ready pending consultant availability.
- Ms. Reed said lists were needed for the other planned ERPs on: 2, transgender; 3, women; 4, post-incarcerated.

(2) Schedule: The schedule is pending budget availability for the consultants.

B. Transgender Caucus Recommendations:

- ➡ Ms. Granados will follow-up with the Transgender Caucus and Michelle Enfield on the transgender list.

9. NEXT STEPS: There was no additional discussion.

10. ANNOUNCEMENTS: There were no announcements.

11. ADJOURNMENT: The meeting adjourned at 11:40 am.